

# Alcoholism

## Its Present Legal and Medical Status

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ALCOHOLISM IS A MAJOR health threat exceeded only by heart disease, cancer and mental illness. There are more than five million alcoholics in the United States and an estimated 200,000 new cases each year. More than a million of the alcoholics have physical or psychological illnesses as complications of their alcoholism. Physical disorders include cardiac, pancreatic or liver damage, gastritis and other gastrointestinal diseases, polyneuritis and degenerative changes in the central nervous system. Psychological disorders include personality changes, delirium tremens or psychotic states. Excessive drinking is a slow, insidious, malignant disease—a major cause of death in the age group of 35 to 65. The life expectancy of alcoholics is 10 to 12 years less than that of the non-alcoholic. Among the common causes of death are liver or heart failure, gastrointestinal hemorrhage, accident, suicide or acute intoxication. The physical debilitation and poor nutrition of these persons render them susceptible to all forms of intercurrent illness.<sup>1</sup>

### Medical Attitudes Toward Alcoholism

Until recently alcoholism was considered a moral problem. The alcoholic was thought to be a bad or weak person who lacked the will power to stop drinking. In 1956 the American Medical Association adopted a resolution stating that alcoholism, "which occurs in many personality disorders, comes within the scope of medical practice," that "acute alcoholic intoxication can be and often is a medical emergency" and that "in order to offer house officers well-rounded training in a general hospital there should be adequate facilities

available as part of a hospital program for the care of alcoholics." The resolution said further: "Since the house officer in a hospital eventually comes in contact with this type of patient in practice, his training in treating this illness should come while he is a resident officer. Hospital staffs should be encouraged to accept these patients for treatment and to cooperate in this program."<sup>2</sup>

The American Medical Association has restated this position regarding alcoholism on repeated occasions in recent years. The American Hospital Association has recommended that general hospitals accept alcoholics for treatment under this diagnosis. However, a recent survey indicated that two-thirds of the general hospitals in the United States do not admit patients for alcoholism. Only 35 of the nation's 250 state mental hospitals have special treatment programs for alcoholics.<sup>3</sup>

Most physicians in private practice encounter patients with drinking problems. In July 1964 a survey<sup>1</sup> of 695 physicians in San Francisco indicated that 76 percent handled patients with a drinking problem. Half of them provided only medical care and made no effort to counsel or refer the patient to specific treatment agencies. The remaining physicians provided medication and counselling or directed their patients to a hospital, clinic, psychiatrist, clergyman or Alcoholics Anonymous, as the case warranted. Physicians generally have found patients who drink excessively to be difficult, demanding and often uncooperative. Only a small number found them interesting or worthwhile patients. This tendency to reject the alcoholic led to an editorial in the *Journal of the Michigan State Medical Society* criticizing physicians who would not treat alcoholics as failing to meet their medical obligations.<sup>4</sup>

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## Legal Attitudes Toward Alcoholism

The legal profession has long been disturbed by the problems of the alcoholic. Law enforcement officials estimate that 40 percent of all arrests in the United States are for drunkenness. Intoxication is a factor in half of all driving fatalities. The tendency has been to arrest the alcoholic for public intoxication or vagrancy, with one to three months in jail as a consequence.

However, in the last few years there has been a radical change in the legal handling of the alcoholic. Federal appellate courts in Virginia and the District of Columbia in 1966 overturned the conviction of two men sentenced to jail for public intoxication. In 1967 a Georgia state court ruled that alcoholism is an illness, not a crime for which a person can be jailed. As a result it ruled that all persons apprehended by the police for drinking must be examined by a physician to determine the diagnosis.

The effect of these legal rulings on the handling of alcoholics in cities such as Washington or Atlanta showed that the medical profession was not prepared to cope with the problems of alcoholism. After the decision in the District of Columbia in 1966 the court there began committing suspected alcoholics to the district public health department for diagnosis and treatment. But the department had only about 50 hospital beds and an out-patient clinic available for treating alcoholics, and chaos developed as its facilities were overwhelmed with patients sent by the court. In less than a year more than 4,000 persons in the District of Columbia had been declared alcoholics and, as such, immune to jail sentences for drunkenness.

In Atlanta where drunkenness is the reason for 55 percent of all arrests, the hospitals and clinics were flooded with court-referred alcoholics. The Georgian Clinic in Atlanta, a state facility for the treatment of alcoholics, quickly had a six month waiting list with no money for any increase in treatment programs. In St. Louis the police were taking drunks directly to a detoxication center instead of to jail. Here, as everywhere else, the medical facilities to cope with the court referrals proved hopelessly inadequate.

Across the United States hospitals and medical groups became alarmed at this trend in handling alcoholism. With the courts now accepting the statements of organized medicine that alcoholism is an illness, persons with drinking problems were being referred to medical facilities for diagnosis

and treatment instead of being jailed. Nowhere were out-patient or in-patient facilities or trained staff available to cope with the flood of referrals.

During early 1968 the situation appeared even more grim in light of a case being considered by the U.S. Supreme Court. In Texas a man named Leroy Powell had been convicted of public intoxication after a physician had testified, in his defense, that he was a chronic alcoholic. He appealed the conviction to the Supreme Court with legal help from nine organizations, including the American Medical Association, the American Civil Liberties Union and some church groups. It was expected that the Supreme Court would continue the trend of the lower courts in ruling that alcoholism is an illness for which a person should not be imprisoned. However, in June 1968, the U.S. Supreme Court ruled that the jailing of chronic alcoholics for public drunkenness does not violate their constitutional rights. Excerpts from the court opinion are of critical importance to the medical and legal professions. The decision, while apparently reversing a humanitarian trend, actually pointed out the direction in which medicine must go to cope with this increasingly serious medical and social problem.

### The Supreme Court Decision

Excerpts from the court decision written by Justice Thurgood Marshall follow<sup>1</sup>: "Facilities for the attempted treatment of indigent alcoholics are woefully lacking throughout the country. It would be tragic to return large numbers of helpless, sometimes dangerous and frequently unsanitary, inebriates to the streets of our cities without even the opportunity to sober up adequately which a brief jail term provides. Presumably no state or city will tolerate such a state of affairs. Yet the medical profession cannot, and does not, tell us with any assurance that, even if the building, equipment and trained personnel are made available, it could provide anything more than slightly higher-class jails for our indigent, habitual, inebriates.

"Thus we run the grave risk that nothing will be accomplished beyond the hanging of a new sign, reading 'hospital,' over one wing of the jail-house.

"One virtue of the criminal process is, at least, that the duration of penal incarceration typically has some outside limit; this isn't universally true in the case of petty offenses, such as public drunk-

eness, where jail terms are quite short on the whole.

"Therapeutic civil commitment lacks this feature. One is typically committed until one is cured. Thus to do otherwise than affirm [the appellant's conviction] might subject indigent alcoholics to the risk that they may be locked up for an indefinite period of time under the same conditions as before, with no more hope than before of receiving effective help and no prospect of prompt release.

"Faced with this unpleasant reality, we are unable to assert that the use of the criminal process as a means of dealing with the public aspects of problem drinking can never be defended as rational. The picture of the penniless drunk propelled aimlessly and endlessly through the law's 'revolving door' of arrest, incarceration, release and re-arrest is not a pretty one.

"If, in addition to the absence of a coherent approach to the problem of treatment, we consider the almost complete absence of facilities and manpower for the implementation of a rehabilitation program, it is difficult to say in the present context that the criminal process is utterly lacking in social value.

"We are unable to conclude, on the state of this record or on the current state of medical knowledge, that chronic alcoholics in general, and Leroy Powell in particular, suffer from such an irresistible compulsion to drink and to get drunk in public that they are utterly unable to control their performance of either or both of these acts and thus cannot be deterred at all from public intoxication.

"It is simply not yet the time to write into the Constitution formulas cast in terms whose meanings, let alone relevance, are not yet clear either to doctors or lawyers."

## Discussion

The Supreme Court decision indicates that the law is looking to the medical profession to consider alcoholism and the problems of excessive drinking in the light of its statement that alcoholism is an illness. Up to the present, physicians have shied away from accepting their responsibility in connection with this serious disorder. In addition to the physical ailments due to excessive drinking, we must face the other costs. It has been estimated that *every* alcoholic adversely affects the lives of at least four other persons—wife, children, employer, friends and relatives. At least 25 million persons are hurt by the immoderate use of alcohol in this country. The emotional and financial loss caused by marital strife, broken homes, neglected children, impaired work performance, lost employment, hospitalization, accidents, deaths, injuries and arrests represent a staggering total.

The medical profession must face its responsibilities in coping with a disorder that affects so many people in so many ways. There must be more treatment facilities involving a multi-disciplinary approach using medical, psychological, sociological, legal and religious aids and involving all those individuals and the groups in the community who have an interest or concern. Business and industry must recognize that 5 percent of their work forces have a drinking problem. Experience has shown that many alcoholics can and do recover when given appropriate treatment.

The courts of this country have shown their willingness to reassess the legal handling of the alcoholic when the medical profession assumes its rightful role in combatting this grave disorder.

1. Auerback, A.: Office management of the alcoholic, GP, 33:102-109, April 1966.
2. Report, Board of Trustees: JAMA, 162:750, 20 Oct. 1956.
3. Wall Street Journal: 78:19, p. 1, 26 Jan. 1968.
4. Bates, R. C. (Editorial): Mich. State Med. J., 62:1009, Oct. 1963.
5. New York Times: p. 3, 18 June 1968.